

## **Billing and Coding Guidelines**

### **Contractor Name**

**Wisconsin Physicians Service Corporation**

### **Contractor Number**

00951, 00952, 00953, 00954  
05101, 05201, 05301, 05401,  
05102, 05202, 05302,  
05402, 52280

### **LCD Title**

GSURG-036 Sentinel Node Biopsy

### **LCD Database ID Number**

L30475

### **Contractor's Determination Number**

GSURG-036

### **Effective Date**

07/16/2011

### **Revision Effective Date**

### **Ending Date**

### **AMA CPT /ADA CCT Copyright Statement**

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### **CMS National Coverage Policy**

Title XVIII of the Social Security Act section 1862 (a)(1)(A). This section allows coverage and payment of those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act section 1862 (a)(7). This section excludes routine physical examinations and services

Title XVIII of the Social Security Act section 1833 (e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Pub. 100-4 Medicare Claims Processing Manual- Chapter 12 - Physicians/Nonphysician Practitioners 20.4.4 - Supplies B3-15900.2. This section prohibits Medicare payment for a radiopharmaceutical agent when the provider has not performed the diagnostic radiologic procedures.

## **Coding Guidelines**

Sentinel lymph node identification and biopsy typically involves a multidisciplinary approach. A nuclear medicine procedure called **lymphoscintigraphy** may be performed in advance of the surgical procedure

to locate and mark the sentinel node(s) for the surgeon. Briefly, a radioactive tracer is injected under the skin, flows toward and into the sentinel node and its lymphatic chain, and is imaged by a gamma camera that produces a map of the path of the radioactive tracer and its first appearance in the sentinel node. When performed, the injection and lymphoscintigraphy procedures are coded and reported separately by the radiologist.

The procedure may be performed under general or monitored anesthesia care (MAC). The patient is positioned on the operating table so that the planned injection site and the previously marked sentinel node site are accessible to the surgeon. The injection site is generally located around the periphery of the primary tumor or, in some cases, the primary tumor excision site (excised at a previous operative session).

To facilitate visualization of the sentinel node, the surgeon may inject a vital dye-isosulfan blue-which is selectively taken up by the lymphatic vessels that drain the tumor site and stains them blue. Absorption usually requires rarely more than 15 minutes. Four injections are usually made at equidistant points around the primary lesion.

The skin is then prepped and draped and an incision is made carefully to allow access to the now-dyed lymphatic chain. If a gamma probe is not used, the dissection will begin along the blue-stained vessels that are closest to the primary dye injection site, and proceed toward the regional lymphatic basin along these vessels until the blue-stained sentinel node is identified. The surgeon may use a portable, hand-held gamma-ray detection instrument to aid in identification and confirmation of a sentinel node previously identified by nuclear medicine lymphoscintigraphy. The highly sensitive instrument detects radioactivity. When held to the sentinel node, the level of radioactivity registers at very high levels compared to surrounding tissue or background radiation in the operating room. (**Note:** Both the injection of the dye and the intraoperative lympho-scintigraphy are included in the biopsy procedure and are not reported separately.) Once located, the sentinel node is removed and may be sent for frozen section. If a second sentinel node has been identified, it is removed as well. If each sentinel node is negative for tumor, the procedure is terminated and the lymphatic vessels are ligated. The wound is closed in layers.

1. To report this service, use the appropriate CPT code.
2. All of the coverage criteria must be met before the service can be reimbursed by Medicare.
3. Diagnosis (es) must be present on any claim submitted, and must be coded to the highest level of specificity;
4. The diagnosis code(s) must be representative of the patient's condition.
5. When the ICD-9-CM diagnosis codes 172.0-172.9 are used to identify malignant melanoma of the skin. The patient records must document that the tumor is Clinical Stage I.
6. When ICD-9-CM codes 174.0-174.9, 175.0, or 175.9 are used to identify breast cancer, the patient records must document that the tumor is Clinical Stage I or II.
7. Sentinel node excision should be report by the using the appropriate CPT code (38500-38542). If a second sentinel node is excised from a different lymphatic chain through a separate incision at the same operative session, report the appropriate CPT code for the second incision and append the -59 modifier.
8. Sentinel lymph node biopsy performed prior to but during the same operative session of an axillary node dissection may not be reported separately unless the results change the planned procedure. However, if the decision to perform a more comprehensive procedure is based on the biopsy result, the biopsy is diagnostic and the biopsy service may be reported separately using a 59 modifier.
9. Injection of vital dye (Isosulfan Blue Dye or similar agents) to visualize the sentinel node may not be reported separately.
10. The radiopharmaceutical is payable only when billed with the imaging code (CPT code 78195).

11. CMS Pub. 100-4 Medicare Claims Processing Manual- Chapter 12 - 20.4.4 - Supplies states that Carriers make a separate payment for supplies/radiopharmaceutical when furnished in connection with a diagnostic radiologic procedure (78195) or therapeutic procedure.  
<http://www.cms.hhs.gov/Manuals/IOM/list.asp>
12. If the radiopharmaceutical is not payable; the injection of the radiopharmaceutical is not payable. Services related to non covered services are also not covered. This reference may be found in Section 180 of Chapter 16 of the Medicare Benefit Policy Manual and at the following website:  
<http://www.cms.hhs.gov/manuals/Downloads/bp102c16.pdf>
13. Lymphatic and lymph glands imaging (code 78195), if performed by a radiologist or nuclear medicine physician, may be coded separately and a claim submitted only if a “film” (hard copy) is created for the surgeon’s review (an electronic “soft copy if done by a radiology/nuclear medicine department that normally uses filmless roentgenograms is also acceptable). This may be subject to postpayment review. Documentation in the form of a report/film must be available to the carrier upon request.

### **Revision History Explanation**

### **Publication Date**

#### **Notes:**

*Italicized font* - represents CMS national policy language/wording copied directly from CMS Manuals or CMS Transmittals. Carriers are prohibited from changing national policy language/wording. Providers, through their associations/societies, should contact CMS to request changes to national policy through the Medicare Coverage Policy Process at <http://www.cms/hhs.gov/coverage>